

Norens Limited Saxilby House

Inspection report

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December 2015
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

Overall summary

We inspected Saxilby House over two days which were 26 November 2015 and 10 December 2015. The inspection was unannounced on both days.

Saxilby House is situated in the village of Saxilby which is approximately six miles from the city of Lincoln. It provides care and support for up to 10 older people, some of whom experience issues with memory loss associated with dementia. On the first day of our

inspection five people were living in the home. On the second day three people had been admitted for a short respite stay and one person was visiting the home for day care support.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection no-one living in the home had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act 2005 DoLS legislation.

The last inspection took place in May 2014 and we found the provider was in breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010. This was because they did not have suitable arrangements in place to fully protect people from the risk of infection. During this inspection we found that the provider had taken the necessary steps to ensure people were protected from the risk of infection.

People were kept safe by staff who knew how to identify and report any concerns related to their health, safety and welfare. Their medicines were managed safely and they were supported to access appropriate healthcare. They were provided with a healthy diet and enough drinks to help them stay well.

People were encouraged to make their own decisions and choices wherever they were able to do so. Arrangements were in place to act in the best interests of those people who could not make decisions for themselves.

People's privacy and dignity were maintained by staff who cared for them in a warm and pleasant manner. Staff understood their needs and wishes and they were consulted about their care. People were supported to engage in some activities and interests of their choice. However, for people who could not access meaningful pastimes without support, there were no clear arrangements in place.

Staff were recruited in a way that ensured they were suitable to work within the home. They received appropriate training and support to enable them to meet people's individual needs and preferences.

The home was managed in an open and supportive manner. People and their relatives were able to express their views about the services provided and they knew how to raise concerns or complaints if they needed to. The registered manager regularly checked the quality of the service provided for people so that improvements could be made where needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe living within the home and staff were trained to recognise and minimise risks to their health, safety and welfare. Staff were also trained to recognise and report any potential or actual abuse.

There were enough staff to make sure people's needs, wishes and preferences were met and medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff received appropriate training and support to provide the care that people needed.

People were supported to make their own decisions wherever possible and systems were in place to support people who lacked capacity to make decisions for themselves.

People received all of the healthcare they needed and were supported to maintain a healthy diet.

Good



Is the service caring?

The service was caring.

People were treated with warmth and their dignity was maintained.

Their needs, wishes and preferences were respected.

Good



Is the service responsive?

The service was not always responsive.

People were provided with personalised care that took account of their changing needs. However, some people were not always supported to pursue meaningful pastimes and interests.

People and their relatives knew how to make a complaint or raise a concern if they needed to.

Requires improvement



Is the service well-led?

The service was well-led.

There was a supportive and open atmosphere within the home. People's views were taken into account about the way the home was managed.

A system of regular quality checks were in place and any shortfalls identified in the quality of care provided were addressed.

Good



Saxilby House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 November 2015 and 10 December 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with three people who lived in the home permanently and three people who were staying there for a short period of respite. We also spoke with two relatives who were visiting.

We looked at three people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with three staff members, the registered manager and the provider. We looked at three staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

When we inspected in May 2014 we found that the provider did not have suitable arrangements in place to fully protect people from the risk of infection. This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services.

At our inspection visit on 26 November 2015 we found the provider was no longer in breach of the regulation. We saw that the environment was clean and tidy throughout and equipment such as hoists and wheelchairs were clean. Records showed that staff had received training about how to control the risk of infections appropriately and about food hygiene. They also showed that cleaning and infection control matters were audited regularly. Policies and procedures were in place for infection control matters and staff had signed to say they had read and understood them.

People said they felt safe living at Saxilby House. One person told us, "I'm very safe here. Sometimes I need a hoist and they [staff] always do that properly." A relative told us, "Yes, [loved one] is very safe here, better than at home."

Staff knew how to recognise and report any situation in which people may be at risk of abuse. Since our last inspection in May 2014 there had not been any reports of potential or actual abusive situations occurring within the home. Staff had received training about how to keep people safe and this included how to support people in emergency situations such as a fire. People had individual emergency evacuation plans in their personal files so that they could supported to leave the building safely in the event of emergency.

People's needs had been assessed for any risks to their health, safety and welfare when they moved into the home,

including when they were there for short respite stays. We saw risk assessments had been completed and regularly reviewed for needs such as falls, infection control and pressure area care. Equipment such as hoists, pressure relieving mattresses and bed rails were in place where they had been assessed as needed.

Records demonstrated that staff had been recruited in way that ensured they were suitable to work within the home. This was confirmed by staff we spoke with, who said they had provided previous work references, had undergone checks with the Disclosure and Barring Service (DBS) and that the registered manager had checked records about their identity.

People and staff told us there were enough staff on duty to make sure everyone had their needs and wishes met. One person told us, "Staff come quickly whenever I ring my bell." We saw people being supported with their needs and requests in a timely and unhurried manner on both days of the inspection. Duty rotas showed the numbers of staff the provider had assessed as being required were achieved.

People told us they received their medicines on time and in the way that they wanted. We saw staff administered medicines in line with good practice, national guidance and people's care plans. For example, people received their medicines with the drinks that they liked and in the places they like to take them such as in the dining room with breakfast.

Records and arrangements for the ordering, storage and disposal of medicines, including those that needed special precautions, were up to date. Staff told us and records showed that they had received regular training about how to help people with their medicines in a safe way.

Is the service effective?

Our findings

People told us they thought the registered manager and staff knew how to look after them appropriately. One person said, “They’re great, they know what I need even though I only come here every so often.”

The staff told us they received a good training package which included a programme of induction training when they first started to work at the home. The registered manager and staff told us the programme followed a nationally recognised set of induction standards for social care staff. One newer member of staff said, “The course covers everything you need to do the job properly.” Records showed staff had completed training in subjects such as dementia care, diabetes care, nutrition and health care and end of life care. We also saw that all staff had achieved a nationally recognised care qualification at varying levels dependent on their job role. The registered manager had a system in place to monitor the training staff had undertaken and when it was next due.

Staff told us they were encouraged to develop their knowledge and skills through regular supervision sessions and a yearly appraisal of their work. They told us they could discuss their work progress and any issues they had during supervision session. They said the provider and the registered manager were very supportive of their development. Some staff members had delegated roles for championing subjects such as equality and diversity issues, infection control and safeguarding people. This meant that they could support other staff to update their knowledge and understanding of the subjects thus improving the way they supported people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff demonstrated their understanding of the principles of the MCA. People told us they were supported to make their own decisions about what they wished to happen in their lives. Records showed people had consented to the use of equipment such as bed

rails to help them stay safe in bed. Some people were unable to make complicated decisions about their life and future plans and the registered manager had ensured they had been appropriately assessed and best interest decisions had been recorded. We saw staff ensured that those people were still encouraged to make the decisions and choices that they were able to, such as what they wanted to eat and where they wanted to spend their time.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No-one living within the home during the inspection was subject to an authorisation to deprive them of their liberty. The registered manager and staff understood the principles of DoLS and knew how to make an application if one was needed.

One person told us, “The food is very tasty and the staff are always encouraging me to have more drinks.” Another person said, “The food here is wonderful, home cooked and plenty of it.” Staff told us menus were based on the foods people liked to eat and any nutritional needs that had been assessed. Staff demonstrated a clear understanding of what people’s nutritional needs and likes were. A nationally recognised nutritional assessment was used to assess people’s needs and we saw nutritional supplements were available for those who needed them. Records showed people were encouraged to be weighed regularly so that staff could monitor if they needed extra support with eating. Up to date care plans and risk assessments were in place which we saw staff followed when supporting people with nutritional needs.

We sat with people in the dining room when they ate their lunch. Special equipment was available for people who needed it, such as adapted cutlery and plate guards. Where people needed extra support and encouragement to eat their meal staff sat with them to offer help when they needed it. A range of drinks and snacks were freely available and offered regularly to people throughout both days of the inspection.

People told us they could see their doctor or any other healthcare professional when they needed to. Records showed when people had contact with healthcare professionals and care plans were in place for support with needs such as medicines and pressure area care. During

Is the service effective?

the second day of our inspection we noted that staff discussed a forthcoming healthcare appointment with one person. This helped the person to understand what the appointment was for and what they could expect.

Is the service caring?

Our findings

People told us they liked living or staying for a short while within Saxilby House. One person said, “They’re very nice, always smiling and chatting with us.” A relative told us, “They are very respectful towards [my loved one] and me.”

Staff took time to engage with people and their relatives in a pleasant and warm way. We saw examples of this such as one member of staff sitting in the lounge area chatting with two people whilst another member of staff was helping a person with their manicure. Another example was when a member of staff was supporting a person in the dining room. Although the person had some difficulty expressing themselves verbally, the member of staff had good eye contact with the person, actively listened to what they were trying to convey and explained everything they were doing. The person remained calm, smiled and laughed with the staff member and demonstrated the staff member had responded appropriately by saying ‘thankyou’ when their requests were met.

A person told us that sometimes they like to stay in their room and take their meals there. They said staff supported them to do this and regularly visited them to make sure they were comfortable. They also told us that staff made sure their personal care was carried out in private whether they were staying in their room or spending time with other people who lived within the home. We saw that staff made sure everyone had their personal needs met in a private and dignified way. They spoke about personal issues with people in muted voice tones or in private areas. They knocked on doors before entering and discreetly helped people to maintain their appearance, for example, by changing clothes if they became stained.

Staff also demonstrated that they knew how to support people with their behaviours if they became confused or upset. One staff member told us, “You need to give people gentle encouragement to help them calm, or offer them alternative activities to focus on, we understand it’s not the person but their illness.” A care plan had been implemented for one person to help them manage their behaviour. The registered manager told us, and we saw, that the person had benefitted from the assessed and planned approaches because they now led a much more settled and relaxed life.

Staff supported people to retain as much independence as they were able and wanted to. We saw, for example, personalised notices along a corridor to remind one person of the way to their bedroom. During lunch we saw one person was encouraged to choose the cutlery that was easiest for them to use so that they could eat more independently.

People told us they could make their own choices about their day to day lives. They said that, for example, they had a choice of what they wanted to eat. One person said, “[The cook] will always do you something different if you don’t fancy what’s on the menu.” Another person said, “They suggest things for us but they don’t make us do anything we don’t want to. I choose whatever I want to do. I get up when I want and go to bed when I want.”

The registered manager and staff were aware of local advocacy services. Advocacy services are independent of the home and the local authority and can support people to make and communicate their wishes. The registered manager told us that no-one was using these services at the time of our inspection.

Is the service responsive?

Our findings

We looked at how people were supported to maintain the activities, hobbies and interests they enjoyed before they moved into the home. People told us the registered manager and staff organised activities such as musical entertainers and garden parties which they enjoyed. They also told us they sometimes enjoyed quizzes and doing puzzles if staff had the time to support them to do so. One person told us, "I like to do my own things like watching TV which I usually do." Another person said they liked to read the newspaper and chat about the news, which we saw they were supported to do by staff. Two people told us that they liked having the hairdresser to do their hair and having their nails manicured, which again they were supported to do.

During both days of the inspection we saw two people had genuinely pleasant and regular interactions with staff. However they were not able to access any meaningful pastimes for themselves and none were provided. One person spent long periods walking around the home with no clear purpose. Another person sat for long periods at the dining room table. A relative told us they thought there could be more activities to provide people with stimulation during the day. There was no member of staff with an identified role to co-ordinate regular support for people to enjoy their hobbies or interests or develop new ones. The registered manager told us that they had recently discussed this issue with the provider and they planned to make improvements in this area. However, there were no formal plans in place.

Before people moved into the home, they and their relatives were involved in assessing their needs. People were able to say what they liked and did not like, what their social preferences were and what daily routines they liked to follow. We saw staff discussing information about a person who may be moving into the home. They looked at the person's needs and wishes and made preliminary plans for how best to support the person.

The information from the assessment of people's needs and wishes was translated into care plans and risk assessments which were reviewed and updated regularly. Regular reviews of people's assessments and care plans meant that staff could continue to meet people's changing needs. The care plans and risk assessments gave staff clear guidance about how to meet people's needs. Staff demonstrated a clear knowledge and understanding of people's individual preferences, wishes and needs and provided support in line with people's care plans.

People and their relatives told us that they knew how to make a complaint if they needed to. One person said, "I can talk to any of the staff and I know they'd sort out any problems I had." A relative said, "I would happily raise any concerns if I had any because I know they'd sort them out." Records showed that since our last visit to the home in May 2014 no complaints had been made to the home. The provider's complaints policy was clearly displayed within the home.

Is the service well-led?

Our findings

There was a registered manager in post who was well regarded by both staff and the people who lived within the home. People told us the registered manager helped care staff to provide support and knew what they liked and needed. A relative said the registered manager was “Very approachable,” and always listened to what they had to say. The registered manager told us that yearly surveys were carried out with people who lived within the home so that they could express their views about the home. We saw the results of the last survey carried out in May 2015 were positive and people said they were happy living there.

We found there was a supportive and open culture among the people who lived there and the staff team. They chatted openly about what was happening within the home and what people wanted in their lives. One member of staff told us, “We’re in their home not the other way around, we treat people like family.”

Staff told us the registered manager was very supportive, as was the provider. They knew about their roles within the team and told us they were encouraged to express their views and ideas. Records showed that regular staff team meetings took place which the provider often attended, as well as their regular weekly visits to the home.

Staff knew about whistleblowing procedures and said they would not hesitate to report any issues of concern if they needed to. Contact numbers for CQC and the local authority were available for staff to use if they needed them.

The registered manager had made sure we were informed about any untoward incidents or events within the home in line with their responsibilities under The Health and Social Care Act 2008 and associated regulations. Our records showed that untoward incidents or events had been managed appropriately.

There were systems in place to monitor the quality of the care provided and the efficient operation of the home. We saw audits were carried out regularly in areas such as medicines management, care planning, infection control and the general environment. The registered manager was able to demonstrate that actions had been taken to improve any shortfalls identified by the quality audits, for example, new non-slip flooring had been ordered for the dining room to replace a stained carpet. However, the audit formats did not clearly record the planned actions or a time frame for the completion of the actions. The registered manager had recognised this and showed us how she planned to improve the details recorded on the audit formats.